

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

07

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		365524.77
(b) Cash on Hand at Beginning of Reporting Period .....	556728.21	
(c) Total Receipts (from Line 19) .....	18455.42	536328.64
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	575183.63	901853.41
7. Total Disbursements (from Line 31) .....	96713.05	423382.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	478470.58	478470.58
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14948.46	458690.00
(i) Itemized (use Schedule A) .....	2446.39	71332.29
(ii) Unitemized .....	17394.85	530022.29
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	17394.85	530022.29
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1060.57	6306.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18455.42	536328.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18455.42	536328.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		96000.00	409000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		713.05	10454.83
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		96713.05	423382.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		96713.05	423382.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17394.85	530022.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17394.85	530022.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	3928.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR James Jelinek

Mailing Address Washington Hospital Center  
110 Irving St NW BA94

City State Zip Code  
Washington DC 20010-2975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469494

Amount of Each Receipt this Period

45.00

B. Full Name (Last, First, Middle Initial)

DR Steven Brick

Mailing Address 8314 Snug Hill Ln

City State Zip Code  
Potomac MD 20854-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Groover, Christie,  
& Merritt, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469495

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code  
Bethesda MD 20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rriitt

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469496

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Gregory Boys

Mailing Address 8719 Linkterrace Ln

City State Zip Code  
 Houston TX 77025-3501

FEC ID number of contributing federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
upOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469497

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Michael Middlebrook

Mailing Address South Texas Radiology Group PA  
8401 Datapoint Dr Ste 600

City State Zip Code  
 San Antonio TX 78229-5907

FEC ID number of contributing federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469498

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

C. DR Barry Menick

Mailing Address 333 Elizabeth Rd

City State Zip Code  
 San Antonio TX 78209-5960

FEC ID number of contributing federal political committee.

C

Name of Employer  
South Texas Radiology Gro-  
up, P.A.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469499

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

3400.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Steven Brick Mailing Address 8314 Snug Hill Ln City Potomac State MD Zip Code 20854-4057 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Drs. Groover, Christie, & Merritt, PC Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 20469500 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	7	40.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	9		2	0	0	7																							
40.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) DR Janet Storella Mailing Address 6515 Fallwind Ln City Bethesda State MD Zip Code 20817-4941 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Drs Grover, Christie & Merritt Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 20469501 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">40.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	7	40.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	9		2	0	0	7																							
40.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) DR Stephen Chang Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 200 City Mesa State AZ Zip Code 85204-5045 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer EVDI Medical Imaging Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 20469502 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">140.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	7	140.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		1	9		2	0	0	7																							
140.00																																

SUBTOTAL of Receipts This Page (optional) .....

220.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Kevin Duwe		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 200		<b>Transaction ID:</b> 20469503
City State Zip Code Mesa AZ 85204-5045	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) DR Craig Hancock		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		<b>Transaction ID:</b> 20469504
City State Zip Code Mesa AZ 85204-5046	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DR Stephen Hu		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address Associated Radiologists Ltd 1125 E Southern Ave Ste 300		<b>Transaction ID:</b> 20469505
City State Zip Code Mesa AZ 85204-5046	Amount of Each Receipt this Period 140.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer EVDI Medical Imaging	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR William Jacoby

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 300

City State Zip Code  
Mesa AZ 85204-5046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469507

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. DR Asim Khwaja

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 200

City State Zip Code  
Mesa AZ 85204-5045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469510

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

C. DR Mark Madsen

Mailing Address 9770 E Mission Ln

City State Zip Code  
Scottsdale AZ 85258-5619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469511

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional) .....

455.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR John McGill  
 Mailing Address 9318 E Flathorn Dr

City State Zip Code  
 Scottsdale AZ 85255-6607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 EVDI Medical Imaging

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469513

Amount of Each Receipt this Period

140.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Joel Rainwater  
 Mailing Address 9820 E Thompson Peak Pkwy Unit 828

City State Zip Code  
 Scottsdale AZ 85255-6663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 EVDI Medical Imaging

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469514

Amount of Each Receipt this Period

140.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Brent Saunders  
 Mailing Address Associated Radiologists Ltd  
 1125 E Southern Ave Ste 300

City State Zip Code  
 Mesa AZ 85204-5046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 EVDI Medical Imaging

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469516

Amount of Each Receipt this Period

140.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Joel Schein

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 300

City State Zip Code  
Mesa AZ 85204-5046

FEC ID number of contributing federal political committee.

C

Name of Employer  
EVDI Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469517

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

B. DR Mari Schenk

Mailing Address 15114 E Ridgeway Dr

City State Zip Code  
Fountain Hills AZ 85268-4842

FEC ID number of contributing federal political committee.

C

Name of Employer  
EVDI Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469518

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. DR Marvin Silvey

Mailing Address Associated Radiologists Ltd  
1125 E Southern Ave Ste 300

City State Zip Code  
Mesa AZ 85204-5046

FEC ID number of contributing federal political committee.

C

Name of Employer  
EVDI Medical ImagingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469519

Amount of Each Receipt this Period

140.00

SUBTOTAL of Receipts This Page (optional) .....

455.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Mark Slepian

Mailing Address 9664 E Davenport Dr

City State Zip Code  
 Scottsdale AZ 85260-1426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469520

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

**B.** DR Elizabeth Brooke Spencer

Mailing Address 26555 N 86th St

City State Zip Code  
 Scottsdale AZ 85255-1460

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469522

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

**C.** DR Marvin Tam

Mailing Address Associated Radiologists LTD  
 1125 E Southern Ave Ste 200

City State Zip Code  
 Mesa AZ 85204-5045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469523

Amount of Each Receipt this Period

140.00

**SUBTOTAL** of Receipts This Page (optional) .....

420.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Harold Walker  
Mailing Address 16420 E Houston Avenue

City State Zip Code  
Gilbert AZ 85234-4024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469525

Amount of Each Receipt this Period

140.00

**B.** Full Name (Last, First, Middle Initial)  
DR Stephanie Wang  
Mailing Address 3415 E Harvard Ave

City State Zip Code  
Gilbert AZ 85234-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469526

Amount of Each Receipt this Period

140.00

**C.** Full Name (Last, First, Middle Initial)  
DR Marc Weinstein  
Mailing Address 8379 E Tailfeather Dr

City State Zip Code  
Scottsdale AZ 85255-6459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EVDI Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469527

Amount of Each Receipt this Period

105.00

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Jan Brekke			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address Valley Radiologists Ltd 5322 W Northern Ave			<b>Transaction ID:</b> 20469528	
City Glendale State AZ Zip Code 85301-1400			Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Valley Radiologists Ltd		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR Christian Dewald			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address 4747 W Creedance Blvd			<b>Transaction ID:</b> 20469529	
City Glendale State AZ Zip Code 85310-3840			Amount of Each Receipt this Period 210.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Valley Radiologists Ltd		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR Howard Fleishon			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 7	
Mailing Address 3690 E Camino Sin Nombre			<b>Transaction ID:</b> 20469530	
City Paradise Valley State AZ Zip Code 85253-5011			Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Valley Radiologists LTD		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 530.00		

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Brian Frohna

Mailing Address 4910 E Beryl Ave

City State Zip Code  
 Paradise Valley AZ 85253-1048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Radiologists Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469531

Amount of Each Receipt this Period

420.00

B. Full Name (Last, First, Middle Initial)

DR Bilal Mian

Mailing Address Valley Radiologists Ltd  
 5322 W Northern Ave

City State Zip Code  
 Glendale AZ 85301-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Radiologists Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469534

Amount of Each Receipt this Period

210.00

C. Full Name (Last, First, Middle Initial)

DR Phillip Moeser

Mailing Address 9101 N 60th St

City State Zip Code  
 Paradise Valley AZ 85253-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Radiologists, Ltd.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469535

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

840.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Susannah Thurman

Mailing Address 11135 E Mirasol Cir

City State Zip Code  
 Scottsdale AZ 85255-1999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley Radiologists Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469536

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B.** DR Saravanan Valliappan

Mailing Address 206 N Aleppo Ct

City State Zip Code  
 Litchfield Park AZ 85340-6003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley Radiologists Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469538

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C.** DR Stanley Wehn

Mailing Address 6010 E Doubletree Ranch Rd

City State Zip Code  
 Paradise Valley AZ 85253-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley Radiologists Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469544

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Brian Yuh  
Mailing Address 1615 E Sheena Dr

City State Zip Code  
Phoenix AZ 85022-4599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Radiologists Ltd

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20469545

Amount of Each Receipt this Period

210.00

**B.** Full Name (Last, First, Middle Initial)  
DR Mark Yuhasz  
Mailing Address 3203 Horsehead Bay Dr NW

City State Zip Code  
Gig Harbor WA 98335-5854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tacoma Radiology Associat-  
es

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20471401

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Paul Ellenbogen  
Mailing Address 6612 Cliffbrook Dr

City State Zip Code  
Dallas TX 75254-8613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Imaging & Inter-  
ven specialis

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

Transaction ID: 20471402

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Charles Williams, III

Mailing Address 2117 Cleveland Street Ext

City State Zip Code  
 Greenville SC 29607-3649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology, PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477837

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR William Ketcham, II

Mailing Address 8824 Wildflower Dr

City State Zip Code  
 Cheyenne WY 82009-1215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor College of Medicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477840

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Andrew Beloni

Mailing Address 5624 Laurium Rd

City State Zip Code  
 Charlotte NC 28226-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477841

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

135.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Buck

Mailing Address 144 Penhurst Dr

City State Zip Code  
Pittsburgh PA 15235-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensburg X-Ray Associat-  
es

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.84

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477843

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. DR David Marcantonio

Mailing Address William Beaumont Hosp  
3601 W 13 Mile Rd

City State Zip Code  
Royal Oak MI 48073-6769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia West Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477844

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR Kent Lancaster

Mailing Address Radiology Associates of Berrien  
416 State St Ste A

City State Zip Code  
Saint Joseph MI 49085-1250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Berrie

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477847

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) .....

172.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 21 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic  
1900 South Ave

City State Zip Code  
La Crosse WI 54601-5494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gundersen Lutheran Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477848

Amount of Each Receipt this Period

41.67

B. Full Name (Last, First, Middle Initial)

DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC  
2090 Columbiana Rd Ste 4400

City State Zip Code  
Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rad Assoc of Birmingham  
PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477849

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

DR Douglas Picton

Mailing Address 1911 NC Highway 121

City State Zip Code  
Greenville NC 27834-7187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477850

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

181.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Brian Kuszyk

Mailing Address 3219 Old Oak Walk

City State Zip Code  
 Greenville NC 27858-8441

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477853

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code  
 Yardley PA 19067-3930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Affiliates of  
Central NJ

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477854

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** DR Michael Tripp

Mailing Address 751 Lexington Dr

City State Zip Code  
 Greenville NC 27834-0508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477855

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Douglas Shusterman

Mailing Address Eastern Radiologists Inc  
9 Doctors Park

City State Zip Code  
Greenville NC 27834-2801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477856

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** DR Eric M. Martin

Mailing Address 1818 Bloomsbury Rd

City State Zip Code  
Greenville NC 27858-9612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477857

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** DR Jeffrey Mewborne

Mailing Address 1702 S Thames Ct

City State Zip Code  
Greenville NC 27858-8130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477860

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR James Eisenberg

Mailing Address The Defiance Clinic  
1400 E 2nd St

City State Zip Code  
Defiance OH 43512-2494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Defiance Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477863

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Ira Adler

Mailing Address 1811 Bloomsbury Rd

City State Zip Code  
Greenville NC 27858-9617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477909

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code  
Lincoln MA 01773-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Imaging Institute

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477910

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional) .....

223.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code  
 Bellaire TX 77401-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477911

Amount of Each Receipt this Period

41.67

B. Full Name (Last, First, Middle Initial)

DR Joseph Lurito

Mailing Address Eastern Radiologists  
9 Doctors Park

City State Zip Code  
 Greenville NC 27834-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477913

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

DR H E. Longmaid, III

Mailing Address 52 Harwich Rd

City State Zip Code  
 Chestnut Hill MA 02467-3023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Deaconess Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.34

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477914

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

133.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Demetrius Morros  
 Mailing Address 1045 Lake Colony Ln

City State Zip Code  
 Birmingham AL 35242-7402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Birmingham Radiological  
 Group P.C.

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477915

Amount of Each Receipt this Period

83.34

**B.** Full Name (Last, First, Middle Initial)  
 DR Steven Leibel  
 Mailing Address 19 Woodleaf Ave

City State Zip Code  
 Redwood City CA 94061-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Stanford University

Occupation  
 Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477918

Amount of Each Receipt this Period

40.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Kevin O'Brien  
 Mailing Address St Johns Macomb Hospital  
 11800 E 12 Mile Rd

City State Zip Code  
 Warren MI 48093-3494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Diagnostic Radiology Cons-  
 ultants, PC

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477920

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

163.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 27 / 56

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John D. Howard

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477921

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Michael Lavelle

Mailing Address 12103 Woodcliff Ln

City State Zip Code  
Charlotte NC 28277-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477923

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code  
Charlotte NC 28277-2593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

Transaction ID: 20477924

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Joseph Burke

Mailing Address Reading Hospital & Medical Ctr  
300 S 6th Ave

City State Zip Code  
Reading PA 19611-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Reading Radiology As-  
soc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574113

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Daniel Schwartzberg

Mailing Address 1250 McLynn Ave NE

City State Zip Code  
Atlanta GA 30306-2530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Georgia Baptist Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574114

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Steven Brick

Mailing Address 8314 Snug Hill Ln

City State Zip Code  
Potomac MD 20854-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Groover, Christie,  
& Merritt, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574119

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

580.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 29 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code  
 Bethesda MD 20817-4941

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Drs Grover, Christie & Me-  
rritt

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574120

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** DR Isaac Kirk, III

Mailing Address 2211 Sheridan St

City State Zip Code  
 Houston TX 77030-2015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Joseph Radiology Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574174

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Michael Soehnen

Mailing Address 18882 Withrich Rd

City State Zip Code  
 Dalton OH 44618-8923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
Canton

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574178

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

540.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Frederick Conard, III

Mailing Address 22 Sunset Farm Rd

City State Zip Code  
West Hartford CT 06107-1314

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Jefferson RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	7

Transaction ID: 20574180

Amount of Each Receipt this Period

300.00

**B.** Full Name (Last, First, Middle Initial)  
DR Thomas Poulton

Mailing Address Aultman Hospital  
2600 6th St SW

City State Zip Code  
Canton OH 44710-1799

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Aultman HospitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	7

Transaction ID: 20574181

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Bibb Allen, JR

Mailing Address 2000A Southbridge Pkwy Ste 300

City State Zip Code  
Birmingham AL 35209-1327

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Montclair Baptist Medical  
CenterOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	7

Transaction ID: 20574182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Kevin Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address Regional Diagnostic Radiology 1406 6th Ave N		<b>Transaction ID:</b> 20574212	
City State Zip Code Saint Cloud MN 56303-1900		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Regional Diagnostic Radiology		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Mark Bernardy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address 1031 Jimson Dr SE		<b>Transaction ID:</b> 20574216	
City State Zip Code Conyers GA 30013-2064		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Marcela Bohm-Velez		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7	
Mailing Address Weinstein Imaging Associates 5850 Centre Ave		<b>Transaction ID:</b> 20574218	
City State Zip Code Pittsburgh PA 15206-3780		Amount of Each Receipt this Period 166.67	
FEC ID number of contributing federal political committee. C			
Name of Employer Weinstein Imaging Associates		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.02	

SUBTOTAL of Receipts This Page (optional) .....

541.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Raja Cheruvu

Mailing Address 165 Via Foresta Ln

City

Williamsville

State

NY

Zip Code

14221-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor College of Medicine

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574219

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR Michael Brannon

Mailing Address 7 Foxglove Ct

City

Greenville

State

SC

Zip Code

29615-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574221

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. DR Elizabeth D'Angelo

Mailing Address 108 Bur Ben Ln

City

New Bern

State

NC

Zip Code

28560-7520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574222

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

192.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Bruce Schroeder

Mailing Address 738 Lexington Dr

City State Zip Code  
 Greenville NC 27834-0507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Eastern Radiologists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574223

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B.** DR Kerry Chandler

Mailing Address 4100 Mullcroft PI

City State Zip Code  
 Fuquay Varina NC 27526-8658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wake Radiology Consultants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574224

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C.** DR Carl Eisenberg

Mailing Address Charlotte Radiology  
 PO Box 36937

City State Zip Code  
 Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574225

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR James Hiken

Mailing Address 7109 Cove Pointe Pl

City State Zip Code  
 Prospect KY 40059-9680

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diag. Imaging Alliance of  
Louisville

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574226

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Edward Sullivan, III

Mailing Address Radiology Assoc of Birmingham  
 2090 Columbiana Rd Ste 4400

City State Zip Code  
 Birmingham AL 35216-2153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Birmingham

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574268

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Stuart Moses

Mailing Address 14 Timber Dr

City State Zip Code  
 North Caldwell NJ 07006-4406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574269

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code  
 Lenoir NC 28645-3755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lenoir Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574271

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

DR Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code  
 Monroe NC 28110-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574272

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Richard Redvanly

Mailing Address 4315 Gosford PI

City State Zip Code  
 Charlotte NC 28277-4546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574316

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

132.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Deborah Agisim  
 Mailing Address 5600 Laurium Rd

City State Zip Code  
 Charlotte NC 28226-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574317

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Alfred Mansour, JR  
 Mailing Address Central LA Imaging Inc  
 3704 North Blvd Ste A

City State Zip Code  
 Alexandria LA 71301-3606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central LA Imaging Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574319

Amount of Each Receipt this Period

83.34

**C.** Full Name (Last, First, Middle Initial)  
 DR Varian C. Scott, III  
 Mailing Address Radiology Assoc of Birmingham PC  
 2090 Columbiana Rd Ste 4400

City State Zip Code  
 Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Assoc of Birmin-  
 gham

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574320

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

173.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)  
DR Arthur Sandy

Mailing Address 2821 Argyle Rd

City State Zip Code  
Birmingham AL 35213-3403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Imaging Assoc of  
ALOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	7

Transaction ID: 20574355

Amount of Each Receipt this Period

85.00

B. Full Name (Last, First, Middle Initial)  
DR Joel Wissing

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	7

Transaction ID: 20574358

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)  
DR Gerald Dodd, III

Mailing Address Univ of Texas Hlth Sci Ctr  
7703 Floyd Curl Dr

City State Zip Code  
San Antonio TX 78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Texas Hlth Sci CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	0	7

Transaction ID: 20574359

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional) .....

208.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Christopher Ullrich

Mailing Address Charlotte Radiology PA  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574362

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR William Way, JR

Mailing Address 7713 Oakmont PI

City State Zip Code  
Raleigh NC 27615-5492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574364

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Fred Lassiter

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574365

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) .....

124.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Daniel Schwarz

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574366

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B.** DR William Glucksman

Mailing Address 50 Colony Rd

City State Zip Code  
West Hartford CT 06117-2214

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jefferson Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 20574563

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code  
Charlotte NC 28211-3325

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 0 7

Transaction ID: 20576321

Amount of Each Receipt this Period

42.00

**SUBTOTAL** of Receipts This Page (optional) .....

334.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Jugesh Cheema

Mailing Address 4333 Bell Rd Unit 1514

City State Zip Code  
Newburgh IN 47630-8168

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of DelawareOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	7

Transaction ID: 20576322

Amount of Each Receipt this Period

40.00

**B.** Full Name (Last, First, Middle Initial)  
DR Susan Mulligan

Mailing Address 1088 Lullwater Rd NE

City State Zip Code  
Atlanta GA 30307-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
BirminghamOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	0	7

Transaction ID: 20576323

Amount of Each Receipt this Period

50.00

**C.** Full Name (Last, First, Middle Initial)  
DR John Rogers

Mailing Address 802 West Gap Creek Road

City State Zip Code  
Greer SC 29651-5065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	0	7

Transaction ID: 20703010

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) .....

132.00

TOTAL This Period (last page this line number only) .....

14948.46



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 56

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.**

Full Name (Last, First, Middle Initial)

Vanguard

Mailing Address PO Box 13750

City

Philadelphia

State

PA

Zip Code

19101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

6306.35

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 20735777

Amount of Each Receipt this Period

1060.57

Interest

**SUBTOTAL** of Receipts This Page (optional) .....

1060.57

**TOTAL** This Period (last page this line number only) .....

1060.57

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Rogers For Congress

Mailing Address Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement

Candidate Name  
Rep. Michael J. Rogers

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 8

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20295366

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.** National Republican Congressional Committee

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20269057

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

15000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C.** Bilirakis For Congress

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement

Candidate Name  
Mr. Gus Bilirakis

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 9

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20308275

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

18500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Hoosiers Supporting Buyer For Congress**

Mailing Address 200 North Main St. P.O. Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement

Candidate Name  
Rep. Steve Buyer

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IN District: 4

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20299364

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Van Hollen For Congress**

Mailing Address 10537 St. Paul Street

City Kenington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name  
Rep. Chris Van Hollen

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 8

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20008627

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Souder For Congress Inc.**

Mailing Address P.O. Box 40233

City Fort Wayne State IN Zip Code 46804

Purpose of Disbursement

Candidate Name  
Rep. Mark Souder

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IN District: 3

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20267313

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Berkley For Congress

Mailing Address 3069 Conquista Court

City  
Las Vegas

State  
NV

Zip Code  
89121

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Shelley Berkley

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 1

Transaction ID: 20267310

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue Southeast

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 20008647

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Dave Camp For Congress 2006

Mailing Address 5915 Eastman Ave. Suite 100

City  
Midland

State  
MI

Zip Code  
48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. David Lee Camp

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 20295375

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Friends of Senator Rockefeller**

Mailing Address PO Box 1909

City  
CharlestonState  
WVZip Code  
25327

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Jay RockefellerOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 2

Transaction ID: 20008301

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	7

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Max Baucus**

Mailing Address Box 586

City  
HelenaState  
MTZip Code  
59624

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Max BaucusOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District: 1

Transaction ID: 20397647

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Charlie Dent For Congress**

Mailing Address PO Box 442

City  
AllentownState  
PAZip Code  
18105

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Charles W. DentOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: 20267236

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Mailing Address 425 Second Street Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20295839

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends Of John Boehner**

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name  
Rep. John Boehner

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 8

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20317529

Date of Disbursement

06 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**

Mailing Address P.O. Box 5458  
PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name  
Rep. John M. Shimkus

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 19

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20295385

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Gingrey For Congress

Mailing Address PO Box U

City  
Marietta

State  
GA

Zip Code  
30060

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Phil Gingrey, M.D.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA

District: 11

Transaction ID: 20295360

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue  
Suite 804

City  
Niles

State  
OH

Zip Code  
44446

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Timothy Ryan

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 17

Transaction ID: 20299374

Date of Disbursement

06 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. John D. Dingell

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 15

Transaction ID: 20295506

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City  
Jenkintown

State  
PA

Zip Code  
19046

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Allyson Schwartz

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 13

Transaction ID: 20295394

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Collins For Senator

Mailing Address PO Box 1096

City  
Bangor

State  
ME

Zip Code  
04402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Susan M. Collins

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME

District: 2

Transaction ID: 19880397

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** Jobs, Opportunities and Education, PAC (JOE-PAC)

Mailing Address 85-54 Grand Avenue

City  
Elmhurst

State  
NY

Zip Code  
11373

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 20269040

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Jobs, Opportunities and Education, PAC (JOE-PAC)**

Mailing Address 85-54 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20269042

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Pallone For Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name  
Rep. Frank Pallone, Jr.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 6

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 20317731

Date of Disbursement

06 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Progressive Choices Pac**

Mailing Address PO Box 58

City Evanston State IL Zip Code 60204

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20295880

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Kind For Congress Committee**

Mailing Address 205 South 5th Ave  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name  
Rep. Ron Kind

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 3

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20269052

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **B. Prosperity Helps Inspire Liberty Political Action**

Mailing Address PO Box 26366

City Alexandria State VA Zip Code 22313

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20477359

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

## **C. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street Southeas  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20477449

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

10000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

13500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Friends For Jim McDermott

Mailing Address PO Box 21786

City  
Seattle

State  
WA

Zip Code  
98111

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Jim McDermott

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 7

Transaction ID: 20269046

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Commerce, Hope, Innovation Progress PAC (CHIP PAC)

Mailing Address 228 S WASHINGTON STREET  
Suite B20

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

011  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 20477340

Date of Disbursement

06 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City  
Chicago

State  
IL

Zip Code  
60610

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Rahm Emanuel

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 5

Transaction ID: 20443894

Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Mchenry For Congress

Mailing Address PO Box 1406

City  
Hickory

State  
NC

Zip Code  
28601

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. Patrick McHenry

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 10

**Transaction ID: 20444186**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Synergy PAC

Mailing Address 29 Ruff Circle

City  
Glastonbury

State  
CT

Zip Code  
06033

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 20296368**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.** Cubin For Congress Inc

Mailing Address Post Office Box 4657  
P O Box 4657

City  
Casper

State  
WY

Zip Code  
82604

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. Barbara Cubin

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WY District: 1

**Transaction ID: 20477335**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. Cubin For Congress Inc**

Mailing Address Post Office Box 4657  
P O Box 4657

City Casper State WY Zip Code 82604

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Barbara Cubin

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 1

Transaction ID: 20477337

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Matheson For Congress**

Mailing Address 677 South 200 West  
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. James D. Matheson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 20476771

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Thomas Price

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 20573986

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** John S Fund

Mailing Address PO Box 65796

City  
Washington

State  
DC

Zip Code  
20035

Purpose of Disbursement

Candidate Name

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 20477197**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City  
San Antonio

State  
TX

Zip Code  
78212

Purpose of Disbursement

Candidate Name  
Rep. Charles A. Gonzalez

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

**Transaction ID: 20476472**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Committee for Hispanic Causes (CHC Bold PAC)

Mailing Address 1831 Bay Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 20444130**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Tuesday Group PAC**

Mailing Address PO BOX 40385

City  
Washington

State  
DC

Zip Code  
20016

Purpose of Disbursement

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 20573985

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Bachmann For Congress**

Mailing Address Box 49756

City  
Blaine

State  
MN

Zip Code  
55449

Purpose of Disbursement

Candidate Name  
Michele Bachmann

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 6

Transaction ID: 20477291

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Coleman For Senate 08**

Mailing Address 7300 Hudson Blvd Suite 270a

City  
St Paul

State  
MN

Zip Code  
55128

Purpose of Disbursement

Candidate Name  
Sen. Norm Coleman

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 1

Transaction ID: 20555574

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

96000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 20737604

Date of Disbursement

/   /

Amount of Each Disbursement this Period

713.05

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

713.05

**TOTAL** This Period (last page this line number only) .....

713.05